

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO. <i>100-123456</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS								*	*	*	*		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	<i>1</i>												
TOTAL DEP.	<i>1</i>												
TOTAL CLAIMS	<i>1</i>												